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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature Agent Addressee B. Received by (Printed Name) C. Pate of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Mr. Jack Palmer	If YES, enter delivery address below: □ No
Mr. Ron W. Hudson 1509 Alta Vista Dr. Alvin, TX 77511-3101	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0360 0003 6678 0131	
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509	
Sender Please print your name, address, and ZIP+4 in this box Sender Please print your name, address, and ZIP+4 in this box Ms Janice Bivens Penforcement Officer (6SF-AC) D.S.Environmental Protection Agency 1445 Ross Avenue, Suite 1200	
Dallas, TX 75202-27	

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